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TITLE: Rapid Ethnographic Community Assessment Process (RECAP) in Maricopa County, Arizona: What the Community Members Tell Us

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BACKGROUND: Between 1996 and 1998, infectious syphilis (primary and secondary) in Maricopa County, Arizona increased 137%. Because of the increasing evidence linking sexually transmitted diseases (STD) and HIV infection, control and prevention of STDs, particularly those causing sores, is vital to the prevention of HIV. Syphilis cases and rates are at an historic low in the United States, making the opportunity for syphilis elimination a possibility in this country.

OBJECTIVES: To work with the Maricopa County, Arizona community to perform a community assessment. The assessment was completed for recommendations of community-based interventions for the prevention and eventual elimination of syphilis in this community.

METHODS: To identify syphilis and community issues important to community members, a rapid ethnographic community assessment was performed. A collaboration between the Maricopa County Health Department and the Division of STD Prevention at the Centers for Disease Control and Prevention was established and a team developed in response to the increase noted in local syphilis incidence. During a three week period, a one-on-one open ended survey was used to collect qualitative data.

RESULTS: One section of the interview asked questions of syphilis knowledge, attitudes, and behaviors. Community members confused syphilis symptoms with those of other STDs, namely gonorrhea. Some believed there was no cure for syphilis, and that lack of cleanliness was important to the transmission of syphilis. Cleanliness was mentioned in relation to persons and to bathrooms and toilet seats. Misinformation regarding syphilis transmission was evident as some community members said that performing oral sex for the prevention of syphilis, like HIV, greatly reduces the chances of contracting syphilis. Community members were also asked to define sex, and main partner. Definitions of these terms were diverse, including specific physical acts, an emotional commitment, and others.

CONCLUSIONS: Basic differences in each respondent's definition points to a need for counselors and other providers to be cautious when counseling for the prevention of STDs and HIV. Importantly, this lack of accurate information of disease recognition illuminates a need in the community for education regarding STD knowledge. A comprehensive message should be aimed at the prevention of all sexually transmitted infections.

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